

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	44.6	44.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.61	*****	7.62				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	3588		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
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EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
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EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2008	01/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP

LOCATION: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	47	47.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.58				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.364	.364		*****	5.6	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	7776		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

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MA0001503	001-C
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

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MA0001503	001-A
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MM/DD/YYYY	MM/DD/YYYY
03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	47.7	47.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.48	*****	7.58				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	7228		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2009	04/30/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	51.4	51.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.39	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	4018		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2009	04/30/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503

PERMIT NUMBER

001-Q

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

02/01/2009

MM/DD/YYYY

04/30/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.8				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	52.7	56.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.48	*****	7.57				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	2191		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	61.1	61.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.31	*****	7.48				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	5260		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2009	07/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	65.5	65.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.22	*****	7.46				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	10196		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2009	07/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503

PERMIT NUMBER

001-Q

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

05/01/2009

MM/DD/YYYY

07/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.5				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	08/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	66.5	66.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.47	*****	7.58				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	4136		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	08/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	62.6	63.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.68	*****	7.92				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	2656		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

ONE TEST - WET

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
		AREA Code	NUMBER		
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET 2ND TUESDAY OF SEPTEMBER. SUBMIT REPORT WITH DMR. ONE TEST ONLY.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP

LOCATION: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	62.5	66.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.58	*****	7.84				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	7519		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	10/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	54.9	55.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.67	*****	7.78				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	4725		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2009	12/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	44.9	45.14				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.47	*****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	9802		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2009	12/31/2009

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	44.6	44.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.58				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	5663		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	01/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	45.7	45.9				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.84				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	10588		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2010	03/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	49	49.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.82				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	8607		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2010	03/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	58	58.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.125	.125		*****	7.2	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.32	*****	7.68				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	2090		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	04/30/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	58.5	59.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.29	*****	7.46				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	2421		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	60.8	61.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.43	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	1617		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	65	65.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.053	1.093		*****	16	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	7897		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	07/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.5				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

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		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
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MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	59.8	60.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.34	.342		*****	6.4	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.58	*****	7.63				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	6432		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	64.4	64.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.26	*****	7.29				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	11914		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

ONE TEST - WET

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
		AREA Code	NUMBER		
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET 2ND TUESDAY OF SEPTEMBER. SUBMIT REPORT WITH DMR. ONE TEST ONLY.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP

LOCATION: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	56.9	57.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.53	*****	7.58				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	6703		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	10/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY & YEARLY TESTS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.8				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	COMP-8
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	COMP-8

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS.PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	43.8	44.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.78	*****	7.92				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	4751		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT & NONCONTACT COOLING W

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	46.2	46.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1.5 MO AVG	1.5 DAILY MX	lb/d	*****	18 MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.58	*****	7.78				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	1.1 DAILY MX	lb/d	*****	13 MO AVG	*****	mg/L		Monthly	COMP-8
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	3160		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	20000 DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY WITH NOSTORM WATER COMPONENT. SEE DMRS001T, 001Q, 001C.PERMIT ISSUED 09-03-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

NCCW CLOSED LOOP - FAILURE

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Once per Daily Discharge	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Once per Daily Discharge	GRAB
Facility operated during mnth, # days	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
49492 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	hr/mo	*****	*****	*****	*****		Once per Daily Discharge	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	30000 DAILY MX	gal/d	*****	*****	*****	*****		Once per Daily Discharge	CALCTD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Once per Daily Discharge	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NCCW - TEST BEFORE BLENDING WITH CONTACT WATER - IF MECHANICAL FAILURE. IF NO FAILURE OF CLOSED LOOP, THEN SUBMIT DMR WITH NODI '9'. PERMIT ISSUED 9-3-04.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	43.7	44.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.72	*****	7.92				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30	30		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	47.3	46.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.68	*****	7.85				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20	20		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	49.6	50.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.37	*****	7.56				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30	30		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	03/31/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	03/31/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	55.8	56.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.42	*****	7.54				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	56.8	57.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.38	*****	7.43				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.38	64.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.54	*****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	06/30/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.8				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
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EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	06/30/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.54	*****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2710	2710		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

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				NUMBER
				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	65.8	65.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.16	*****	7.16				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20	20		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	67.2	67.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.72	*****	7.72				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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DISCHARGE MONITORING REPORT (DMR)

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MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	64.2	64.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.31	*****	7.31				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	35	35		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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DISCHARGE MONITORING REPORT (DMR)

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EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
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MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	09/30/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

TEST - 1xYear

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Specific conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	280				
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/cm		Annual	COMPOS
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.88				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	GRAB
Alkalinity, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	150				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.9				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP

LOCATION: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

TEST - 1xYear

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	39				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Calcium, total [as Ca]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13				
00916 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Magnesium, total [as Mg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18				
00927 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

TEST - 1xYear

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	GRAB
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	09/30/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.16	*****	7.72				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	40	45		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	57.2	57.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.5	2.5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	54.1	54.1				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.65	*****	7.65				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25	25		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	51.8	51.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25	25		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	12/31/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	12/31/2011

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.31	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7120	7120		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	54.4	54.4				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.48	*****	7.48				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25	25		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.2	.2		1		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	54	54				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.51	*****	7.51				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24	24		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	54	54				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.51	*****	7.51				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24	24		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	03/31/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	03/31/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	51.8	51.8				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.03	*****	8.03				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.4	11.4		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	56.3	56.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.5	11.5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	57	57				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.78	*****	7.78				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.34	10.34		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	06/30/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.5				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
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EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	06/30/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
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EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	60	60				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.02	*****	8.02				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10.11	10.11		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	65	65				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	10		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	62	62				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.2	12.2		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	09/30/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP

LOCATION: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

TEST - 1xYear

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Specific conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	537				
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/cm		Annual	COMPOS
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	41.6				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	320				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.05				
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

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TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

TEST - 1xYear

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	65.1				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Calcium, total [as Ca]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27				
00916 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Magnesium, total [as Mg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.3				
00927 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .002				
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .004				
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0005				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0005				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

TEST - 1xYear

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0005				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0076				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.05				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .02				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	GRAB
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	09/30/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	62	62				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11	11		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.17	14.17				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.68	*****	6.68				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8	8		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.3	12.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.64	*****	6.64				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4	4		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	12/31/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	12/31/2012

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.3	10.3				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.81	*****	6.81				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	13.3	13.3		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	50	50				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.81	*****	6.81				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12	12		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	51	51				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.84	*****	6.84				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	11.5	11.5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	03/31/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.93				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	03/31/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.12	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14500	20000		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	50.7	50.7				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.83	*****	6.83				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25	25		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	55	55				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	10		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	63	63		1		
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.0469	.0469		*****	4.1	4.1		1		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2		1		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0		1		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0		1		
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	06/30/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.92				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0001503	W001-Q
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MM/DD/YYYY	MM/DD/YYYY
04/01/2013	06/30/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0001503	001-A
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MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	67	67		1		
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0		1		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.62	*****	6.62		1		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0		1		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0		1		
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****	1		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	68.5	68.5				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.75	*****	7.75				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	63	63				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.08	*****	7.08				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	09/30/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.93				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB

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		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP

LOCATION: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

TEST - 1xYear

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Specific conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1100				
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/cm		Annual	COMPOS
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.9				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.08				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	GRAB
Alkalinity, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	46				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	740				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.2				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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				AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP

LOCATION: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

TEST - 1xYear

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	96				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Calcium, total [as Ca]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	31				
00916 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Magnesium, total [as Mg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.3				
00927 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0022				
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0015				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

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		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

TEST - 1xYear

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.11				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	GRAB
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	09/30/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

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MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	63	63				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.1958	.1958		*****	17	17				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	53	53				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.0046	.0046		*****	3.2	3.2		1		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.68	*****	6.68				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT				*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	12/31/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	12/31/2013

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5	5		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	48.2	48.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	15	15		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	39.6	39.6				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	43.2	43.2				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.53				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
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EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	48	48				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.22	*****	7.27				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	51	51				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	61	61				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .1081	< .1081		*****	0	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	40		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.71				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	< 10		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP

LOCATION: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	59	59				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0		*****	0	0		1		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.19	*****	7.19				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	0	0		*****	0	0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	10	50		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	.1	.1				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

CONTACT COOLING Water

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	83 MO AVG	83 DAILY MX	deg F		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.0025 MO AVG	.0025 DAILY MX	lb/d	*****	18 MO AVG	18 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.0018 MO AVG	.0018 DAILY MX	lb/d	*****	13 MO AVG	13 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	.0021 MO AVG	.0021 DAILY MX	lb/d	*****	15 MO AVG	15 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	50 DAILY MX	gal/d	*****	*****	*****	*****		Daily when Discharging	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 MO AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE END OF PIPE PRIOR TO DISCHARGE TO WETLAND ON A DRY DAY. (See footnote 10). New permit10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

QUARTERLY

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Di[2-ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Annual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR DETAILS. PERMIT ISSUED 10-25-2010.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP

LOCATION: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

TEST - 1xYear

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Specific conductance	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00095 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	umho/cm		Annual	COMPOS
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	GRAB
Alkalinity, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Solids, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Ammonia nitrogen, total, [as N] 30 day	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00609 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Carbon, tot organic [TOC]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00680 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE

ADDRESS: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

FACILITY: JPS ELASTOMERICS CORP

LOCATION: 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027

ATTN: GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

TEST - 1xYear

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Calcium, total [as Ca]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00916 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Magnesium, total [as Mg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00927 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chromium, total [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
				AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	001-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

TEST - 1xYear

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	COMPOS
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	GRAB
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Annual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEST WET SUBMIT REPORT WITH DMR. also, all 1xyear results

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JPS ELASTOMERICS - STEVENS URE**ADDRESS:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**FACILITY:** JPS ELASTOMERICS CORP**LOCATION:** 412 MAIN STREET ROUTE 10
EASTHAMPTON, MA 01027**ATTN:** GARY GRISWOLD, PLANT MANAGER

MA0001503	W001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

DMR Mailing ZIP CODE: 01040

MINOR

(SUBR W)

Wet weather quarterly

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI E	NODI E		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	ESTIMA

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)